**APPLICATION TO WAIVE ANNUAL CHARGES**

 Reference No. and date received

 (To be added by FSM)

**PART A (to be completed by the applicant for charges waiver)**

|  |  |
| --- | --- |
| **Operator (Licence Holder)** |  |
| **Account number** |  |
| **Address** |  |
| **Licence/Permit No(s).**(If there a large number of sites, use the Multiple Site Table at the back of this form) |  |
| **Site name (s)**  |  |
| **Description of activity(ies) to be mothballed or made inactive**  |  |
| **Start and end dates when activity(ies) will be inactive** |  |
| **Operator****Contact name****Tel No.****E-mail address** |  |
| **Start date for reduced charges (must be a minimum of 28 days** **from the submission date of the application)** |  |
| **Reason for temporary cessation**(please delete as appropriate) | Temporary Cessation for Agricultural Irrigation (due to not growing water dependent crops)Temporary Cessation – other activitiesConstruction not commenced |

I/we understand (a) that in terms of paragraph 10.(1) of the Environmental Regulation (Scotland) Charging Scheme 2016, it is a condition of any authorisation that the fees and charges prescribed by the Scheme in relation to that authorisation are paid in accordance with the Scheme, (b) that in terms of the various Regulations it is an offence to carry on, or to cause or permit others to carry on, any controlled or permitted, etc. activity except under and in accordance with an authorisation under the various Regulations, and (c) that therefore it is an offence under the Regulations to undertake the activity in terms of the above authorisation/permit/licence during the above period after having claimed exemption from subsistence charges.

Signed…………………………. Date…………………….

Please e-mail the completed form to charging@sepa.org.uk

**PART B (to be completed by SEPA)**

**Local Team to confirm details of application are correct and waiver or reduction is acceptable**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Accepted Y/N** | **Comments** |
| **Local Officer** **Office Location** |  |  |  |
| **Unit Manager** |  |  |  |
| **Revised charge** **(if applicable)** |  |  |  |

Local Officer to e-mail the form to invoices and charging

|  |  |
| --- | --- |
| **Approved by Finance Services Manager** | **Date**  |

|  |  |
| --- | --- |
| **Amount approved for waiver (if applicable)** | **£** |
| **Date Applicant, Local Officer and Unit Manager informed of decision** |  |

**Multiple Sites - List of Authorisations and Waiver Period Applied For**

|  |  |  |
| --- | --- | --- |
| **Licence / Permit Number** | **Site Name** | **Waiver Period** |
| **Start Date** | **End Date** |
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